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AUTHOR Guest, Iain
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ABSTRACT

This article reports on some of the important issues in seven general content areas (infancy, family, women, society, health, education, and children's rights) which were raised at the June, 1978, Athens International Symposium on The Child in the World of Tomorrow. Problems of both developed and developing countries are addressed. The notes on infancy focus on stimulation, nutrition, nutrition and mental development, breast-feeding, and overnutrition. Information is given about the family centers on birth rates, nuclear versus extended families, substitute parents and parental roles. Working mothers in Africa, women in Latin America, women in Europe, women's liberation and child care are discussed in the section on women. Society is discussed in terms of diseases of technologically advanced societies, play facilities and migrant experiences. Health concerns include the insensitivity of professionals, irrelevance of medicine in the Third World, self care, and primary health care. The notes on educational issues focus on the role of the professionals, preschooling, parent involvement, and the gifted and handicapped. Concluding notes are concerned with children's rights, child abuse, and the relationship between the state and the family. (Author/RH)

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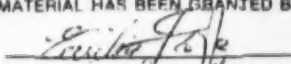
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NOTE ON SOME ISSUES RAISED AT THE
ATHENS INTERNATIONAL SYMPOSIUM ON
"THE CHILD IN THE WORLD OF TOMORROW"
2-8 JULY 1978

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INTRODUCTION

This article is based on a six-day International Symposium held in Athens, 2-8 July 1978. The title was "The Child in the World of Tomorrow".

Its aim is not to report the conference. First, the meetings were extraordinarily ambitious in scope and brought together over 200 experts from some 35 different countries. No quick round-up could do justice to that knowledge. Besides, in due course, the complete edited proceedings of the meeting will be available, and also a popular book on the theme of the meeting. In addition, the IYC Secretariat in Geneva will be able to provide radio interviews with many of the participants mentioned in this article, and also papers where requested.

The point of the article is therefore merely to pick out some of the themes which emerged at the meeting. These themes seem certain to loom large over next year. But because each will be interpreted differently in the various countries, the comments made by the participants in Athens and also my own very personal record can, in no way, be considered the last word. For this reason, I have more often than not presented them in the form of questions rather than conclusions. Apologies if this makes the style too crammed and difficult to read.

One last word: I have resisted the urge to separate the problems of the Third World from the developed. A three-day symposium of Third World participants was held before the main Athens conference and I have incorporated some of their conclusions. because in most cases the similarities seem more noteworthy than the differences. Where they are not, both sides can perhaps learn from the other's strengths and weaknesses.

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Iain Guest.
Geneva, July 1978

THE CHILD IN THE WORLD OF TOMORROW

1. Infancy: stimulation / nutrition / nutrition and mental development / breast feeding / overnutrition.

Why an International Year of the Child? What will it achieve? Wasn't Women's Year a rather miserable failure? The sceptics are already raising doubts about IYC - perhaps with good reason.

Why indeed are children special? Because they are vulnerable. Last year 125 million children were born into the world. Between 12 and 13 million died before their first birthday from diseases that could in theory have been prevented, and from malnutrition. Another 4 to 5 million will die before they reach five. 95% of the deaths will have occurred in the developing countries.

"Before and after birth children go through fast changes of growth and development", says Angele Petros-Barvazian of WHO. "In nine months they change from ovum to 3 kilo baby. In the first 18 months of life their head and brain reach almost the size of the adult. Together with the mother who nurtures them, they are particularly at risk. Socially, too, the mother and child are special - the basis for health in the rest of life".

The attention of experts has shifted to the first days of an infant's life, and even earlier. The baby's development begins in the womb, and is affected by his mother's nutrition and habits. If women are denied proper food, have to endure repeated pregnancies, are too overburdened to stimulate their children, the children will suffer.

The infant needs ~~stimulation~~ from his mother as well as food. "Play with him, touch him, talk to him": experts are now giving their seal of approval to what mothers have been doing since time began. Berry Buazetton, of Harvard Medical School, has observed the mother-child relationship over several years in the course of filmed experiments. Its importance, he concludes, cannot be overestimated. Mothers ask him "How do I know if I'm doing the right thing for my baby?". He replies "ask him". Babies talk to their mothers. Even in the womb, they lock themselves into the mother's cycle, respond to light and sound. Newly-born, they respond to their mother's stimulation, communicate with head, toes, eyes, fingers. They are very far from being the passive objects they were once thought to be.

Research at the Mitera Centre in Athens, which takes in unwanted and illegitimate children, including many infants, suggests that nine-day old infants react against being taken from their mothers. Says researcher Olga Maratou, their sleep is disturbed, and the way they organise themselves appears confused. After three months, however, they appear to respond better than children in the family setting to stimulation - in this case provided by an expert. Then, after nine months, the importance of the family, and attachment to the mother, appears to reassert itself.

In these early days, nutrition is the key to future development. For malnourished children, the risk from diseases like whooping cough and measles increases - hence the huge death rate in developing countries. Millions of children are at risk in the first month of their life, and low birth weight is now considered one of the more reliable indicators of a baby's nutritional status and also his chances in the early years. Some 21 million low-weight babies were born in 1977, 20 million of them in developing countries.

Why are they born malnourished, and why do they remain malnourished? Because of poverty. Their parents cannot afford to buy food. Look at the proportion of income that a family spends on its food. In the US it is some 14%, in Europe, 16%. When it rises above 30%, start worrying - that means the family cannot afford to choose, and tends to buy the cheapest food, which is not necessarily the most nutritious. When it rises above 60%, the family faces a crisis: it cannot even afford to buy sufficient quantity let alone quality. 300 million people in India live on incomes of less than \$60 a year ...

It used to be said that malnutrition causes mental retardation - an unacceptable idea for many in the Third World, because it implied the poor were stupid. On the other hand, it is clear that constant malnutrition does have an effect on mental development.

Professor Joaquim Cravioto, Scientific Director of the National Institute for Research on Child and Health Services in Mexico, began research on this in 1948, when he found that malnutrition accounted for a mortality rate of over 60% among sick children brought into the hospital. But he gradually found that with treatment this could be reduced to less than 5%. Malnourished children could be saved.

The initial problem was that the symptoms for the malnourished child were different. In a well-fed infant, for instance, the symptoms of bronchial pneumonia stood out, but not in the underfed infant; in malnourished children the symptoms of dehydration were either hidden or so severe that the child was dead within six hours. Malnutrition was a hidden killer. Its symptoms rarely appeared directly. Children were rarely brought into hospital for it.

This made treatment difficult. Too much Potassium, essential for building cells, makes the well-fed child intoxicated. But similar amounts for the malnourished child appeared insufficient.

Once the treatment had been developed there remained a further problem: what happens after recovery? What were the effects of malnutrition on children? In 1950 tests in the US showed that reducing the body weight by 30% does cause the psychosocial performance to diminish, but that the adult picks up again quickly after he recovers. With the adult, the crisis is temporary. What of children? Cravioto took a population of 7,000 in Mexico and looked at them for seven years. This enabled him to use school performance as a measure of intellectual development - what he calls a "social criterion".

He wanted to know what effect malnutrition has upon the central nervous system. By choosing a whole community he had access to all kinds of backgrounds, and the other key factors which affect the child - income, morbidity (susceptibility to disease), stimulation in the home and malnutrition. He found that their influence on the central nervous system varies enormously.

Take writing. The child develops "motoric activities" - the ability to translate what he sees into movement of his hands. Once the family's income, stimulation and morbidity were cancelled, leaving malnutrition, Cravioto found that well-nourished children performed better than malnourished...

If, on the other hand, he took auditory powers - the ability to know a sound when you hear it - the difference disappeared, irrespective of whether the child was malnourished. It reappeared however, with another function of the central nervous system - the ability to decode and express. Even if Cravioto cancelled out the income of parents, the education of the mother, her level of hygiene, malnourished children still performed worse.

Cravioto's work is still continuing, and he is engaged in looking at the causes of malnutrition, and also the various costs of tackling these factors. But of one thing he is certain: the relation between malnutrition and mental development is a complex one. He concludes that we can't talk of permanent mental retardation. But we can talk of malnourished children having a "delayed mental capacity". When they reach the age of 18, thinks Cravioto, the differences disappear. But by then it is too late. The child has missed out because the demands of society are chronologically based. Well fed or not, they take exams at the same age.

Cravioto also warns against singling out malnutrition as the only factor. "When all the factors are missing," he says, "the effect on the child is cumulative - and greater than the sum of each one..."

How can malnutrition be met? In India there was a wheat glut last year, but it did not reach the poor and the hungry. The problem is poverty - incomes must be raised to enable the poor to buy more food. Within the family, the mothers - pregnant and otherwise - must be singled out as a special category. Strategies exist: the International Labour Office (ILO) advocates meeting the basic needs of the poor (food, clothing, shelter), thus raising their income and level of purchasing power.

What happens in the meantime? One strategy is direct government intervention. In Chile, where 80% of the population lives in the cities, Fernando Moncheberg has directed the Food and Nutrition Institute through many years and many changes of government. He has seen the cases of malnutrition increase. He runs a government intervention programme, whereby families suffering from 4th degree malnutrition - they number 6,000 - are first identified. Their children are then taken to hospital and treated.

The second stage is a series of **interactions** with the family. Moncheberg distinguishes between "poverty" - the kind of thing from which people can quickly recover, as they did in Europe after the last war - and "misery". On this theory, people in misery - perhaps the West would label them "down and outs" - have to be worked upon. It's not enough to hand out food. If a father is an alcoholic, living in a Santiago slum, then he has to be given human dignity - and one way, thinks Moncheberg, is to treat his malnourished child. "We have found that a recovered child acts like a tonic on the misery-bound families", he says - even though others find this strategy too paternalistic. But is there not a difference between poverty and misery?

In the Sudan, Mafiz el Shazali, senior Paediatrician at the Medani Hospital, proposes a different solution to malnutrition. He has found that the ingredients for simple nutritional food are available at the family level, but that it does not get to the children - "largely because mothers are ignorant of nutrition and because village elders are habitually selfish".

"In the Sudanese culture, like most Arab countries, food is adult-directed. It is chosen, cooked and served to suit adults", says Shazali. He chose the village of Kariba, population of 1583 and ten miles from the main town of Medani. Isma and niama - two home-made weaning foods - were cooked in bulk at a nutrition centre under the supervision of trained nutrition officers. Children were served on it twice a week at home and once a week at the centre. After two years they were noticeably healthier than those who were not served. Mothers have been

encouraged to produce the foods: niama is made from wheat, flour, milk, egg, sugar and salt; isma is a combination of sorghum, oil and dry meat.

Breast-feeding is vital. (If a new born child is put onto his mother's breast she can start lactating - even before the cord is cut ...). Breast-feeding immunises infants against disease, particularly gastroenteritis. The critical period is after a week, when the fall off from breast-feeding begins and babies get put on the bottle. Companies continue to sell baby foods in countries where facilities do not exist for sterilising bottles, water is impure, and women are unable to read instructions. Despite modifications in content, the practice is to be condemned.

Pioneering work in Naples by Dr. Luigi Greco has established that breast-feeding has the same effect in a developed as in a developing country: children breast-fed are protected against disease; not just gastroenteritis but a whole range, including respiratory. But he also finds that while there is a resurgence of breast-feeding among higher-income families, low-income mothers still move quickly to bottles.

Studies in Harrow, England, have found that over a period of two years mothers can be persuaded to breast-feed. Who is best qualified to do the persuading? Doctors? Midwives? Or, as Greco's Italian experiment suggests, other mothers? Eric Stroud of Kings College Hospital London argues that governments should identify pregnant mothers as an "At Risk" category, and endeavour to instruct them in nutrition. (He remembers seeing grannies in Africa breast-feeding their grandchildren thirty years after they last did it).

Do not forget the dangers of overnutrition. A meeting of WHO's European Office in Algiers, 1975, found that 10% of Europe's babies suffer from obesity, and another 20% to 30% from overweight. The reason? "Babies are weaned too early, taken off breast-feeding and introduced to solid substitutes for the mother's milk".

2. Family: Birth rates / nuclear versus extended / substitute parents / parental roles.

Its influence on the child is acknowledged. But in the West, the nuclear family is under attack, and in the Third World the extended family - a source of comfort and support - seems overwhelmed by the burden of ever-increasing birth rates. Where are they going?

Projections by the UN and Harvard University point to gradually decreasing birth rates by the end of the century: it is already happening in Taiwan, Singapore, Costa Rica, Sri Lanka - and in some pockets of the developing countries, such as India's Kerala state.

But it is now established that the main influence on birth rates are economic and social. A rise in the age of marriage, greater literacy and education for women, better health facilities (so that families are relieved of the constant burden of ill health and infant mortality) and above all a rise in income, so that they can limit the size of their family through choice - these are the factors that will bring down birth rates.

Regardless of any significant decrease in fertility, the absolute numbers in the world will increase - on some projections double by the end of the century - because of the age structure in the Third World. In 1970, 41% of the world's population was under 15 years of age, and thus on the brink of the reproductive age. By the end of the century there could be 1,400 million children in the world under 15, compared to 1000 million today.

At the ~~other~~ end of the life cycle we find increasing proportions of old people - particularly in the industrialised world. People are living longer, and as they do it places a strain on social services and pension schemes, as well as the personal family roles. The pressure on social security will increase: in the US it is estimated that by the end of the century there will be 3.6 working contributors to every beneficiary, compared to the ratio of 16 to 1 in 1950.

This could lead to demands to increase the age of retirement. But against this, competition in work will also increase, leading to moves to reduce the age still further. (Something will have to be done with old people, who have so much to offer but are currently packed off into homes and institutions. But as long as society looks on people as units of production, they will seem as surplus - even threatening - as children and young people).

Lower morbidity, greater longevity, contraception - the three have brought enormous changes in the family and will continue to do so. So has the growth of one-parent families. In the US (1976) there were 800,000 pregnancies among unmarried women between the ages of 15 and 19.

We also note increasing mobility: one family in every five in the US moves each year, and children are moving out of the nuclear family at an earlier age. Fertility is coming earlier. The number of adolescents is on the increase.

Perhaps we feel that the family has always aroused strong emotions and prejudices. But in pre-industrial Britain, says Peter Burke of Sussex University, it and children aroused indifference. "Infant mortality was so common that people did not feel that responsible. God gives, God takes away". Toilet training by mothers was often ignored, weaning came late and wet nursing was common (with mothers often forgetting where they had parked their children). Under-sevens were compared to animals and beating was common.

The age of seven, too, was considered the time to prepare for a career. The boy might become an apprentice, the girl a nurse. William Pitt talking in the British House of Commons in 1796 praised the work of children "the weight which they by their support took off the country". Childhood and adulthood merged into each other.

Today we can see similarities - child labour in much of the developing world and child-beating all too frequently in the West. But we draw a sharp distinction between adulthood and childhood in the West - aided by school and parental authority.

Where is the nuclear family going? Some argue that it undermines itself, makes it harder for children to relate to their parents and old people, encourages divorce, exaggerated hopes and desires in one's partner. It is, says Marsden Wagner of WHO's European Office, "a disaster". "Just look at the growth of support services being offered to families to help them survive", he says.

But is there any real alternative to the nuclear family in Western societies? Perhaps the extended families of the developing world? Carleton Gadjusek of the National Institute for Health in Maryland, US, praises the communal values of Polynesia, where, he says, children acquire relatives from the community "until it is often impossible for the child to sort out his so-called nuclear family within the constellation of kinship around him".

"These new parents are rather like foster parents in the West. They never replace the biological nuclear family. But it is hardly conceivable that the single married couple could have unique responsibility for rearing and socialisation of their child. The system is a source of enormous emotional support and security".

Throughout the Third World, the extended family cares for old people, takes in relatives, offers a sense of community and purpose usually missing in the West. It offers consolation against poverty and illness, spreads the economic burden among generations (in countries where there are no pensions or social security) and acts in such a way that formal concepts like adoption or orphanage are accommodated. Interruptions can be disastrous: migration to the city, or the imposition of colonial laws such as monogamy in areas where polygamy has been practised without question. (Divorced women in Africa have little else to turn to but prostitution).

Perhaps the difference between nuclear and extended explains the difference of values between West and East/Third World. In the West children are trained to be individual. It is basic to western liberalism and concepts of human rights. Education and income bring mobility and combine with government services to lessen the need to pull together as a family. But in the developing countries the very concept of individualism is alien ...

What of the role of parents? Substitutes are being practised: daycare centres, foster parents. Are they good per se, and a way of taking some of the pressure off the nuclear family; or are they just making the best of a bad job. (Growing numbers of ill-prepared, incapable parents?).

There are 135 SOS foster homes throughout the world, started in 1949 in Austria. They use foster mothers who have love and affection to offer, and find that they relate well to abandoned children and orphans. Leonard Davis, a British Sociologist asks "how can we use more effectively the untapped army of non-professional care-givers in a community with love to spare and unbounded by working days and rest days?" Too often, he says, institutional care ends on Friday.

Is a wanted child with an adoptive mother in a happier position than an unwanted child with its own parents? Davis argues that a one-to-one relationship with someone who cares can be extraordinarily beneficial, even if it is not the parent.

In the US, single-parent families now make up 16% of the whole. A self-supporting scheme in Denver, Colorado, brings together such families into 95 units. They stay for two years, and the complex is centrally located in a community. Dr. Robert Aldrich of Colorado University argues that the state must do more to support such schemes and families - perhaps by giving a guaranteed wage to replace welfare handouts. This would increase the family's self esteem.

Another factor - the number of mothers going out to work, forcing a change in the roles of the parents, as in Sweden.

Developments like these arouse strong misgivings from those who feel that the mother and father's role are crucial for the child's development. "The little girl must switch from the passive position of being looked after to the active position of caring for .. the switch results in part from her identification with her mother, involves not only an acceptance of her femininity but also her ultimate maternal purpose. The father's image acts as an internal guide to the masculine transformations in the boy". James Antony, professor of Child Psychiatry at Washington University.

Children, says Antony, cannot afford to be without the father's influence. Others echo this. Research by Lee Robins of Washington University suggests that the father's influence may be more profound in boys than the mother's in the most unlikely ways - such as school attendance. Any assault on the traditional role of parents, says Antony, risks "hybrid children becoming confused and mixed up adults .. leading relatively disjointed lives and liable to suffer from a sense of rootlessness".

The attack on exchanging the roles of parents is not far behind. "The role functions of the mother and father may be even more blurred over the next era. Many working wives today expect their husbands to share the nurture and care of the child and the housework and many husbands appear willing to do so. Although the evidence is not complete there is some reason to believe that such arrangements may have an influence on the child's developing gender identity .. it could create a problem that could be expected to increase".

Others see less controversial reasons why the nuclear family will survive. Raymond Illsley from the University of Aberdeen, after close study of communes and collectives, has concluded that most are impermanent, and a way that young people look for alternatives, at a particular stage of their life. Bernard Cohen, an Israeli paediatrician, feels that the Israeli kibbutz - the classic case of cooperative communal living - has been wildly misrepresented. It does not

"farm out" children at the earliest possible age, he says. Nor does it deny the two parents their leading role in the child's upbringing. Furthermore, less than 10% of Israel's population lives in kibbutzim for special, often political, reasons that are unlikely to be repeated elsewhere.

Hence the tension: pressures on the nuclear family increase and can be expected to do so as many argue that with each divorce it sows the seeds of its own destruction. They look for alternatives...

But others are concerned that in the moves to experiment, traditional roles which are vital to the child's upbringing are being glossed over.

The polarisation is particularly intense when it comes to the role of women.

3. Women: working mothers in Africa / Latin America / Europe / Women's liberation and child care - contradictory or complementary?

"The mother is the environment of the child" ... "The mother/child dyad is the unit of society" ... "Mothers should come top of an "At Risk" list for government intervention" ...

There are some 600 million mothers of child-bearing age in the developing countries. How do they live? "Underprivileged mothers in rural areas have poor body reserves. They often get the worst part of the family diet and observe dietary restrictions and taboos during pregnancy and the post-natal period. High rates of general ill-health are compounded by excessive pregnancies at short intervals, prolonged periods of lactation, heavy household chores, work in the fields, and walking distances to fetch wood and water".

Here is your average working mother in the developing countries. And, adds Edda Gachukia, one of Kenya's tiny handful of women Members of Parliament, African fathers are often working away from home - leaving the child's upbringing and the maintenance of the family plot entirely to the mother.

Wholehearted concentration on the role of women is needed, says E. Gachukia. Women are responsible for the family diet - but they need to know more about nutrition. They are uneducated. Often, advertising arrives in the rural areas faster than government officials: baby foods, sweets. (Tooth decay, never previously experienced in rural Kenya has recently emerged). Programmes and research are often organised without understanding the mother's needs: "Kenyan education programmes in agriculture were in most cases in boarding institutions and for lengths of time that were not suitable for working women". Research concentrates on men, but men are rarely exhorted to use family-planning methods.

The women want family planning; indeed already practise their own form by child-spacing. But government hours for family-planning clinics are at the wrong time for the working mothers. Technology is backbreaking. Distances are long and women are immobile. Appropriate technology could do worse than start with the utensils needed to carry water from well to house. There is no coordination between officials from various government ministries in the field. Colonial laws, inherited, create their own kind of backlash: 90% of Kenya's abandoned babies are born of school girls - if they were allowed to keep the children and stay at school, parents and grandchildren would help look after the children. The majority of men and women don't make wills.

One fact stands out in this profile - the fact that in much of the Third World, the mother is working, although rarely for a formal wage. What effect does it have on the child? In an important paper on Latin America, Teresa Orrego de Figueroa writes that it need not be harmful. "The child is a winner if the mother performs a stimulating economic activity in appropriate conditions at home and at work, enabling her to create a positive family relationship. The child is a loser if the mother returns home after an exhausting, monotonous and poorly paid work, to perform her domestic work in need and tension..."

For the average working mother in Latin America, work is indeed monotonous, exhausting and poorly paid. Unlike Africa and Asia the population is predominantly city-bound - 60% in total. Women work for need. In Latin America, income is so unevenly distributed that the poorest half of the population receives 14% of the income. The result is many children in crowded favellas and barrios, poor sanitary conditions, insufficient services.

"The malnutrition cycle begins with the mother who does not feed her child because her work takes her out of home for long hours and later family income is not sufficient to cover the basic necessities for food".

Official labour statistics say that no more than 20% of Latin American and Caribbean women are in the labour force, but the figure is unrealistic. It ignores the woman who stores, processes and markets products in the local market, and the part-time domestic workers in the city. In fact some 35% of working women are in domestic service, and the rest in public services. Unmarried or divorced women work more than married ... women regulate their work more than men ... their participation peaks at the age of 24, decreases thereafter (unlike women in Europe and North America) ... unlike her African counterpart, she is likely to have received education, but she is still locked into the cycle of poverty.

What of her western counterpart? With her, too, the goal is "stimulating economic activity in appropriate conditions at home and at work ...". But she too works from need, because money is short - as opposed to working for the challenge or a career.

Too few countries still encourage her to work by legislation, and when they do unions resist, jobs are down-graded, employers are opposed to women's promotion or participation in more than stock industries like textiles. How often do we hear "Women are unreliable because they are likely to break off in midstream and have a child?" But aren't men just as likely to change jobs - aren't they encouraged to be mobile?

Do we, in fact, pay enough attention to women working? Another question - should we? Some clearly feel the pendulum is swinging too far the other way, and that the push for emancipation poses a threat to the mother-child relationship. Berry Brazelton, expounder of the mother-child dyad, worries about day-care - which women view as an essential freedom: "it is an act of separation. When a child leaves the family for a day-care centre the mother feels defensive ... then angry ... then detached. The day-care workers (like doctors, nurses, nursery teachers) are in competition with the parent for her child and the mother knows it. She feels inadequate. If 40% of the children in the developing countries do not go to school it is because the mothers do not want this act of separation".

As for the women's movement, Brazelton fears its current direction. He fears it may pose a threat to that essentially biological relationship between mother and child.

Opposed are those who say that day-care need not be an act of self-denial. Jack Tizard, of the Institute of Education, London University, has conducted studies which show that day-care, properly handled, can stimulate children and relieve mothers: 3 year-olds thrive in each other's company. A study in Iran of 24 abandoned children taken into a nursery and studied over 13 months concluded that the act of separation per se had no long-term ill effects, and that it was rather "adverse personal and family conditions" - by which is meant illness, trouble with a parent, divorce, or even being an only child - which made the separation acute.

What do the women say? They distrust and oppose theories that the mother-child relationship, beyond the nurturing function, is somehow "biological". They fear that child-rearing can turn into an oppressive 24 hour care based on obligation rather than desire. Says Margaret Jeffery, Australian sociologist, "The women's movement is not a denial of the mother-child relationship, but a search for a more positive relationship free from tension ...". So that the child can be, in Teresa Figueroa's words, "a winner".

Research has shown that unremitting child-care can indeed cause depression. Writes Leon Eisenberg of Harvard, "In the United States, a social turning point has been reached with the majority of women now in the labour force. Community studies of the prevalence of depression in women indicate that the employed wife has fewer depressive symptoms than the housewife, though still more than men".

Studies by Antonina Ostrowska, in Poland, suggest that work allows mothers to derive more fulfilment from her children. "An unexpectedly strong positive effect that the working mother has on the child's mental capacity". Also, says A. Ostrowska, there is evidence to suggest that working women spend more time with their children than women who do not work.

So - mothers working need not be bad. Day-care need not be bad. Quite the reverse - both can reinforce that mother-child relationship. But only if women can work on their own terms, instead of pushed drudgery. Then, surely, the child will be a loser.

Where are they encouraged to work on their own terms? Attendance of children below the age of three in nurseries in the US is 21%. In Europe, many countries offer maternal leave which lasts on average 3 to 4 months. In Sweden, it extends to 7 months.

Most European countries have family allowance schemes. Poland, in 1968, introduced a year of paid leave for the mother, recently increased this to 4 years. 35% of working mothers now take advantage of it, says A. Ostrowska.

But only Cuba and Sweden take it a stage further and offer the father paid leave to look after young children - thus implying that the roles are interchangeable. In Sweden the law was introduced in 1974. By 1976, 10% of all those on child care leave were men. Here, the point again: is such an arrangement bad for the child - likely to lead to "confused adults"?

Leon Eisenberg of Harvard acknowledges the benefits of working on women, acknowledges the move towards exchanging parental roles. But he warns against women taking on men's roles. That, he says, could lead to destructive behaviour - suicides, accidents, homicides could also increase... "Both sexes would profit from a culture which made men more like women than the reverse".

So, the woman's dilemma: like any underprivileged group they will continue to push for more opportunities - to work, to receive equal pay, to be free of the family burdens. Grudgingly, states can be expected to respond, first by offering day-care, then possibly by following the example of Sweden. But this will cause tension in two directions. First, industry, particularly private, will probably not welcome growing numbers of women entering the job market at a time of shrinking jobs, and growing labour force. Second, those for whom the mother-child dyad is the axis of development will register their growing concern that the mother's role in child-rearing is being gradually eroded.

4. Society; diseases of overripe societies / play facilities / migrants -
culture shock or encouraging child creativity?

We talk about "society tomorrow" - the world in which we will bring up our children. What can they expect? School holidays on the moon? A world with twice as many people in it as today still unable to redistribute its resources properly? Drastic pollution? Cities like Cairo, Mexico City with populations of 20 million?

Does it in fact matter what tomorrow brings? Some say that society has adapted and always will. Concentrate on the now, advises Philip Rhodes of Britain's Newcastle University ... there is no such thing as "society". The problems are already with us - malnutrition, illiteracy. Talking of "society" simply keeps the sociologists (and journalists) in work.

Goran Sterky, a paediatrician from Uppsala, Sweden, points out that for millions of people in the world there exists no concept of tomorrow. What does the future mean to you - if you are working in a factory with a wage packet at the end of the week, and few incentives to invest, save or plan for retirement? Does it stretch further than Friday night or the next summer holiday? What of the landless labourer in Bangladesh with a life expectancy of 35? Can he plan for the future? Isn't it just the sociologists who have any concept of what the future holds?

If so, it should make us wary of predictions. Still, we do it. On the theoretical level, today's world certainly has enough resources for its present population - and many more besides, but only if it is used properly. Optimists will always maintain that we can muddle through.

On a more practical level, one can point to the continuing growth of cities which are already burdened and polluted. A few miles from Athens, the small industrial town of Elefsis, site of an ancient mystery cult, endures air pollution seven times as high as WHO's recommended acceptable level. Within Athens itself, despite the traffic, air pollution has been reduced by 60% by the simple expedient of banning coal heating.

We know that technology is creating new diseases. A profile of American health prepared by Commonweal, of Bolinas California, finds that the number of Americans reporting chronic diseases increased from 41.4% in 1958 to 49.1% in 1967. A closer look at 3,000 New York children, aged 11 to 14, found that 40% had at least one risk factor in coronary heart disease: 20% had used alcohol that week, 18% had cholesterol levels equivalent to middle-aged men in Japan, 10% were smokers ...

Between 1958 and 1967 arrests of children under 14 for acts of violence increased from 38.2 per thousand to 123 per thousand. Between July 1976 and July 1977 there was a 9.1% increase in suicides and homicides for the 15 to 24 age group. Between 50% and 80% of all children in juvenile care have learning problems.

Rick Carlson of Commonweal talks of "stress factors". Not a new idea, but from Commonweal they run to two pages. Industrial practices (noise water air pollution - remember Seveso?), agricultural (food processing, desertification - 100,000 acres of land lost to desert in North Africa every year), food additives, drug addictions (drugs, tobacco, alcohol). TV, ... the list goes on and on.

Carlson goes further, to the concept of "total stress". A piece of bacon and a glass of white wine combine to create stress in the stomach by a chemical reaction.

"Overripe societies" are entering a period of crisis.

Stand back and look at houses, towns, transport and their effect upon children. Two thirds of all accidents on the roads in Britain involve children. Research in Sweden has found that an 8 year-old child cannot cope with traffic - he has no concept of relative speed. Parked cars are most dangerous. Boys are more adventuresome and vulnerable than girls.

Town planning generally ignores the needs of children. Some city authorities pay special attention to them: in Stockholm there is a playground for every 400 children and it is a standard requirement that no child should be more than 400 metres from one. But a group of Greek doctors, writing to other countries for comparison with Greece, found that Athens has only one public swimming pool (compared to 18 in Stockholm), no green spaces or bicycle lanes (while Munich and Berlin have several hundred kilometres). In Athens a bicycling child takes his life in his hands.

Many cities have energetic parks and recreation departments. In some, parks are well distributed, but empty of children because of crime. In others they are not well-distributed - fewer in low-income neighbourhoods because of the low tax base, where they are most needed.

Such fixed facilities are also difficult to re-establish when people move. Perhaps one answer is more mobility in the play itself. In Thessaloniki, play experts move around in vans. A mobile library shows films in Iran. Bookmobiles are common in North America. Children don't need extensive play facilities but they need play: in adventure playgrounds, they make their own play, as happy with rebuilding junk as they are with concrete and swings.

Planners must build in a sense of community - vandalism, says William Michelson of Toronto University, occurs when people have no feeling of belonging, or of responsibility.

One aspect of future life is already with us - the migrant family moving from culture to culture, from country to town and from country to country. The pull of higher wages, the subtle pressures of the media and advertising, the dearth of manual labourers in expanding economies and the unemployment in contracting economies: migration is here to stay.

Is it good or bad? The International Labour Office (ILO) is not sure. First, there are real doubts if it can be stopped. Second, the money that migrants send home is an important source of income for people who might otherwise be unemployed in their own country. (1½ million North Yemenis in Saudi Arabia remit home millions of dollars a year)

But the reverse is split families, absent fathers, culture-shock, forced repatriation. There are 6 million migrants working in Europe without their families.

Migrants take time to adjust. ILO studies have found that the rate of accidents among migrant workers is as much as 2½ times higher than for local workers for the first two years. Why? Because of the nature of his work - "less skilled and characterised by heavy manual work, hence exposed to a higher rate of accidents".

The ILO also emphasises that the risks are accentuated by stress. "A migrant is usually a rural subject abruptly transplanted into a foreign setting. Everything is different: the climate, the eating habits, social customs, housing conditions, and rhythms of work."

What happens when migrants arrive in a new land? We like travelling. For the middle class, it can be fun and exciting. But what of the migrant? The language is new, customs are new. Often he goes first then his wife and children follow - if they are allowed to. The time lag can be difficult. The Swiss go to bed earlier than the Italians, night-time in Zurich is different from Turin. How hard is it for the Italian migrants to adjust to working in Switzerland?

Too often they live in compounds, ghettos, high rises and are discouraged from joining unions. They are constantly vulnerable to the ebb and flow of private capital. In one part of Australia Indians were encouraged to come in when manual labourers were in short supply. The enterprise pulled out, forcing the men to go elsewhere in Australia to look for work, leaving their families for the second time.

It is hard to put down roots and often the countries which receive them do not encourage it. "They come for the money therefore they are expendable. It's their choice ..." That seems to be the line, even though we all do "it" for the money. They are thought to pose a threat - to purity of culture, employment, standards of living.

Migrants are caught in the crossfire, but they are here to stay. There is talk about dissuading them from moving from the villages in the first place. But such schemes are failing and no one quite knows why, beyond talking of the "irresistible lure of city lights". We must ask not just why they are failing, but whether we should try and discourage people from moving.

Switzerland may not be a model in its treatment of migrants but paradoxically may have some of the answers. It makes efforts to keep people in the mountains, where food is produced. The country is politically decentralised into 3,000 communities. But then the Swiss are instinctively distrustful of big units - like the Common Market, which by its very size encourages migration.

The countries which receive migrants are not doing enough to accommodate them. Note: not "absorb" or "assimilate", but "accommodate". Studies in Argentina have shown that those migrants who adjusted best were those who were allowed to use their own culture, particularly language. Friction declined. A "melting pot" ... but when does "toleration" become "benign neglect" and lead to ghettos?

We are talking of children. Do they gain or lose by moving? There are over 40,000 foreign women in Greece married to Greeks. They see their children constantly torn two ways between two cultures. While climbing in the park a young child may hear in Greek "be careful", and in English "well done".

Yet such a "cross-culturalism" says English-born Sabina Fitzgerland, may be an enormous boost. It may encourage the child's creativity - powers of divergent thinking. One English psychologist has written "Life is continual and unresolved, between forces of self expression and those of control. The tension governs the nature of creative work".

Bilingualism can create such a tension. But it can get confusing if the child picks up contradictory signals, if the new language is imposed and if the parents are openly and obviously in conflict or worried. Asks Kenyan MP Edda Gachukia "what is the point of an African child learning English words that he will never be able to apply?"

Migrants who return also run the risk of confusion. Studies by Anna Amira, a Greek sociologist, have found that over a period of seven years a higher proportion

of Greeks who emigrated to Australia (35%) have returned than expected. In Athens itself, a headmaster of a 1000-pupil school finds that children returning may themselves experience cultural confusion.

It is their whole environment that matters. There has been controversy in recent years about high-rise buildings. Some say "pull them all down" But buildings, says American architect, Amos Rapoport, do not cause psychosocial problems - they merely accelerate or slow down the rate of change which is the real unsettling factor. The attitude of parents is a key factor: a worried father will affect his children, in a bungalow or in a high rise. (Studies in West Africa suggest that children are more adaptable than their parents, who are more committed. - have more at risk.)

High-rises with play facilities and a concept of space may work as well as anything else in a city: studies of Singapore by Riaz Hassan of Australia's Flinder's University find that juvenile delinquents are more likely to come from dwellings with small floor space per person than height as such. Across the straits in Malaysia he finds Kampongs - villages - where working, bathing, washing, ironing and child-rearing takes place in open spaces. They are so safe that parents have little worry about letting their children play there. The result, says Hassan, is "that the pace of life is less tension-ridden than the city areas".

Do not automatically knock the high rise. Perhaps do not even talk of "slums" any more. People have a wonderful way of creating home and community out of disgraceful conditions. The authorities' job, as always, is to tread gently and avoid panic: put in services, toilets, running water, sewage disposal, but do not clear people out (handkerchief to the nose) into buildings they will never use. Remember your eyesore could be someone else's home.

5. Health: ~~insensitivity~~ of professionals / irrelevance of medicine in the Third World / self-care / primary health care - why it faces problems

"My first child ... was an easy birth and quick delivery. Just as the baby's head appeared and the most marvellous moment of my whole life was about to take place, I was anaesthetised. It wasn't until many hours later - it seems like days now in retrospect - that the baby was brought to me and I was told it had been fed. It already seemed perfectly self-contained, no longer had any need for a mother. This has haunted me ever since. I still haven't got over it." A New Zealand mother in Athens.

Doubts about the role of the health service grow and grow - at a time when health problems are on the increase.

With sickness rife in the developing countries, particularly in rural areas, medicine concentrates in the cities. Doctors shun the villages, or are trained to emigrate. Health budgets shrink - in 13 Asian countries only Sri-Lanka spends more on health than defence. Concepts like "primary health care", "rural health services" run up against the power of medicine and the unwillingness of governments to decentralise.

In the West, one wonders what the professionals are up to. Doctors have a mystique and encourage it. Authorities are frequently insensitive: Dr. David Morris points out that until recently, stillborn children in Britain were allotted "certificates of disposal" rather than death certificates - even though the mother's anguish was no less than for the death of a live baby.

What are the West's diseases? Heart failures, lung cancer, alcoholism, diseases of diet, accidents ... all theoretically preventable. But we still go to the doctor for treatment and cure, undermining our own capacity to cope, increasing our dependence, handing one more case to a profession that absorbed the equivalent of 9.6% of the US GNP in 1976.

Health - wellbeing - is not health services.

There is money in health care. In 1974 drug companies sold drugs worth \$7.4 billion to the developing countries. The following year they sold \$25 billion worth of drugs to the industrialised world.

Few would go as far as Ivan Illich and call for demolishing the health services altogether, on the argument that there are as many different kinds of health as cultures, and that doctors have created diseases ("iatrogenic"). There will always be the role for the professional - to take out the appendix, treat illness.

But the balance has yet to be struck. The diseases in both developing and developed countries call for less professionalism, more social and political

activity by the broad mass of people. Morbidity in the West has been reduced by affluence - bringing nutrition and hygiene. But it is now on the increase thanks to overaffluence, too much food, drink, cigarettes.

Morbidity in the developing countries is caused by poverty: in 1970 only 14% of the world's rural population had access to safe drinking water and could dispose of its sewage. Five hundred million people suffer constant malnutrition which lowers their resistance to disease.

For all of us, health begins at home, not in the hospital. A study in Rochester New York by the Harvard Public Health school asked mothers to keep a record of the illnesses affecting their children. In 90% of all cases, including respiratory illness, the mothers handled it themselves.

Furthermore, at least a half of all the illnesses referred to doctors could have been managed by the mothers with a little more knowledge and self-confidence.

In developing countries, where there are few health services to speak of, self-care is the norm rather than the exception. Katherine Elliot of the Ciba Foundation, tells of a native aborigine whose wife broke her leg. It was his job to treat her. He buried her limb in the sand - the customary way of treating such accidents. The authorities took her out. He buried her limb again a little way off. They took her out and off to hospital. Disgraced in the eyes of his community the husband walked off into the desert and was never seen again.

Traditional medicine has been practised throughout the Third World - in the form of traditional (no longer called "witch") doctors, and midwives. They prescribe medicine which is a strange mixture of the inspired and ridiculous, and often cure people by the simple power of their personality. UN agencies - particularly UNICEF and WHO - are turning to such practitioners, giving them basic training and hoping to build a new village service around them.

In the West, self-care is coming back into vogue - although the Rochester study suggests it never really went away. It raises ethical questions. Bernard Cohen, from Israel, asks whether there's any point in screening children for G6PD*, a deficiency which makes them allergic to mothballs, antimalarial drugs and (in the case of Greece) green beans. Forty percent of all the children in Israel are thought to have the deficiency. Do mothers need to be told and further worried? Will it not further increase their dependence on the medical establishment? Will they not be more reluctant to go to a doctor the next time, to hear bad news?

* Glucose 6 Phosphate Dehydrogenase

Yet the debate about self-care is often simplistically presented. Could you treat yourself for appendicitis? Katherine Elliot says that the real fear among the profession is being asked to pick up the pieces after a case of self-care that went wrong ... a dead child.

People have intrinsic wisdom, but they are also capable of supreme folly. In Bangladesh, children are delivered straight onto floors daubed with cow-dung. It keeps off the flies, but it also increases the risks of neonatal tetanus. Mothers recognise common sense when they hear it - that yaws can be cured by penicillin, that breastfeeding is good. Tell them, but do not create a dependency ...

In the developing countries, the first priority is to introduce the concept of preventive health care - clearing swamps, introducing clean water, growing nutritious food. These can do more for health than a gleaming city hospital.

The second step is to fit the health services into their proper role. Several countries are trying it - Mozambique, Tanzania, Guinée Bissau, Vietnam, China. Their recipe is strong central government, political ideology, rural health centres, and a system of community health workers or paramedics.

In Vietnam, with a population of 50 million, the death rate of children has been brought down from 30% to 3% - thanks to a concentrated programme of immunisation, free check-ups and clinical tests for women. But the recipe is one that other countries may be unable to follow - in the words of Mrs. Phau Thi Minh, of the Foreign Ministry, "massive participation by all the people - born of the patriotism created in the wars; the establishment of a homogenous network; real interest in children's welfare on the part of the government" were the keys to success.

This formula may be unrepeatable - hence the danger of assuming that "primary health care", the means by which Halfdan Mahler, Director-General of WHO, has pledged to provide "health for all" by the year 2000 AD, is uniform throughout the developing world.

In India, with a different social and political system, an experiment is underway involving 3.3 million people in 33 different projects. These will be increased to 100 projects. (To cover the whole of India's 640 million people, it will take 6,400 projects).

The basis of the scheme is an anganwady - village health centre covering about every 1000 people. Anganwady workers are women selected from the villages. They are people with the confidence of the villagers. They are given three month's basic training which enables them to offer advice on the home and nutritional habits and perhaps most important of all, spot the serious cases which have to be referred higher up the chain. The next stage is a lady health visitor between the anganwady and primary health centres (serving 100,000 people, staffed by medical officers and 2 doctors).

Fifty per cent of the population is below the poverty line of 480 rupees (\$60). Cases of fourth degree malnutrition are taken to the hospital for treatment. Pregnant and nursing mothers get automatic regular health check-ups, immunisation, supplementary feeding, nutrition and health education. The scheme has already had a marked effect in raising the health of the villages.

A similar scheme is in operation in Sri Lanka where the paramedics receive three weeks' training.

The key is to know what can be handled at the village level and what must be referred.

Joaquim Cravioto of Mexico, plays down the debate about why doctors are unwilling to serve in villages as a red herring. "They practise in the towns because that's where the demand is", he says. In Mexico, each doctor spends a year in the villages but that is to help him to diagnose illnesses when they are referred from the villages, not to encourage him to go and participate there.

In India the key is integration - health, nutrition, family planning are all considered part of the same nexus of problems (as indeed they are, since one of the factors inhibiting mothers from seeking family planning is high infant mortality).

But serious obstacles remain before the Indian experiment can be extended. First there is the cost - 800,000 rupees for supplementary feeding alone. As WHO Director-General Mahler recently said, pilot projects are hard to extend - perhaps impossible.

Wider problems remain with primary health care in the developing world - although they are problems which do not invalidate the idea. It cannot be imposed if the economic system is based too much on the cities or foreign capital domination; if foreign aid is given on piecemeal projects, if governments are set against real measures to redistribute wealth (particularly land); if medical establishments are allowed to hold sway. If political power is concentrated in such a system it will be a sham. Perhaps this is one of the strongest arguments for a new economic order between countries and within them. Between, because trade links at present militate against the small farmers and landless labourers and offer the poor small returns for their crops; within, because a blind belief in economic growth without redistribution has failed the poor.

One must be aware too of a blind faith in traditional medicine. Quack doctors charge money, sell unnecessary drugs, encourage a belief in their powers which is often over-mystical and undermines self-help. Midwives kill women by causing

abortions with unsterilised sticks. But give them too much training and you quickly destroy much of what they have to offer in the way of local experience and skills.

What of the West? The first priority is what Robert Aldrich of Denver calls "scaling down" community birth centres, health centres where professional advice is available without being forced, or a community health adviser in a high rise block of apartments. But once again, what such schemes provide on the one hand is often undermined on the other by advertising and a lack of self-discipline. Why otherwise do so many people smoke - including so many doctors?

6. Education: The role of the professionals / pre-school - is it education or not? / encouraging parents / gifted and handicapped children / children don't vote

What role is there for the professionals in education? The question implies the same predicament as health: who knows best - the teacher or the parent? In developing countries, illiteracy is almost as extensive as ill-health. UNESCO estimates that in 1975 only 62% of the children between the ages of 6 and 11 were in primary schools (with the rate for girls only 43%). Well over half could be expected to drop out. The problem comes down to the distances children have to travel, the fact that their services are needed to help in the fields, and the fact that schools and teachers are concentrated most where they are least needed - in towns.

There is the further problem of education goals. Question: with unemployment so severe that according to the ILO 1000 million jobs must be created by the end of the century, what are children being educated for? Answer: unemployment.

With the pressure on cities increasing, and the drift from rural areas denuding farms and undermining agriculture, it is hardly surprising that people in developing countries are talking of new directions. They are looking for a type of education that will pay less attention to passing exams and IQ tests, and more to the environment that a child can expect to find himself growing up in - usually the village. That means more "relevant" curricula, less attention to foreign models and also less emphasis on professionalism.

In the industrialised countries the debate is similarly intense. The university degree is still an entry into a well-paying job and education is still seen as the leveller of class. But at the same time doubts grow - from the hitherto lonely voice of Ivan Illich who advocates "de-schooling society" to those who argue that parents at heart knew what is best for their children. Peripheral issues periodically surface - comprehensive education, private versus public, the connection between race and intelligence.

At what age does education begin? Some say at the age of 3 to 6. Berry Brazelton of Harvard finds these dangerous years because they can undermine the family. But the trend is still towards younger and younger care.

Is the pre-school care actual education, or something less formal? Another way to put the question is to ask why parents send their children to pre-school care. In the Indian city of Ahmedabad, Dr. Ramanujam of the Godavari centre for family relations has monitored 48 nursery schools which take in some 2,000 children

over the age of 2½, and found that the main reason why parents send their children is as a baby-sitting substitute. The second reason is to give them a head start in the system. The schools oblige, some by setting examinations to 3 year olds. (In Bombay some children are enrolled at pre-school as soon as they are born).

Dr. Ramanujam argues that pre-school should serve as something inbetween baby sitting and school: it should prepare the child for formal education and make the break with home as gentle as possible. In an experiment with one school he requires mothers to spend 1½ hours with their children each morning, with a social worker on hand to answer questions. They do it readily.

Mr. M. Rajendran, of the Indian Ministry of Social Welfare, makes the point that in much of the developing world pre-school is vital: the drop-out rate from school proper is much lower amongst children who have been to pre-school. Throughout India drop-outs from school are the rule rather than the exception: 84% of all 7 year-olds are enrolled, but by the age of 11 only 40% are still in school. In Latin America, out of every 100 children who start school, only 20 finish. Even in Sri Lanka, where literacy is the highest in Asia, there is still an extraordinarily high rate of drop-outs.

Why? Because of poverty, says Dr. Priyani Soysa of the University of Colombo: 'education is free, but many children have no shoes to wear, books to use ... In a rural setting the child at the age of six is just becoming employable in the house, and soon will be expected to work in the fields. Perhaps school is far away.

Sman Sangmahli, deputy Under Secretary for Education in Thailand, (where illiteracy, though coming down fast, still affects 16.6% of the population) was part responsible for a thorough re-examination of education. In 1972 the primary education curriculum was changed - to "downgrade the importance of rote memorization and increase the attention paid to activities; to relate primary education to the real life environment of the child ... "

In 1976, 6.5 million of the 9 million Thai children between the ages of 7 and 14 were attending primary school. A government committee found several problems which made this education less than perfect - among them health (including drug addiction), lack of teaching aids, lack of teaching skills, poor communication between school and home and the separation between school and society.

The case of the 2.5 million out-of-school Thai children was also looked at. Instead of ignoring them, or hoping for the day when formal education will be

universal, the committee advocated something in between: establishment of village reading centres; introduction of radio-based forms of education; village "life long education centres" run by the community; development of programmes to maintain water pumps and other types of village technology.

In the West there is more and more realisation that early education ignores parents at its peril. This needs some explaining: many parents in the West entrust their children to teachers, and school is still assumed to have an important formative influence on the child's development, irrespective of the value of exams. In many ways "involving parents" seems as contradictory as encouraging witch doctors in this age of space technology.

Yet that is what is happening. Says Jack Tizard of the London Institute of Education "parents are usually intensely involved in their child's future. They have an intimate knowledge of him, and they are able to give him much more attention than he can get at school. If then one was able to harness parental energies for education, children would indeed be expected to benefit."

What are the obstacles? First, says Tizard, the institutional framework of the school. Parents feel inhibited entering school and teachers deliberately keep their distance (How many parents feel comfortable entering staff rooms?) Secondly, teachers rarely explain what goes on in school at a time when teaching methods are constantly in flux. Thirdly, parents rarely respond to the products which their children create at school under the supervision of the teacher. The teacher may feel, too, that the parents do not understand or sympathise with progressive methods of education - such as encouraging play.

There are moves afoot to "democratise primary education". In New Zealand, Australia, Britain and Canada parents are involved in pre-school schemes with government support. In politically decentralised Yugoslavia, parents are involved in nursery education and help to plan policy and curriculum. In the US the Headstart programme works with parents. In Australia programmes involve community groups and centre around a neighbourhood house.

"American, Canadian, Australian experiments, as well as the experience of the Playgrounds Association in Britain all indicate that even poorly educated parents are deeply concerned to do their best for their children, and that where they are given power they are likely to use it responsibly," says Tizard. But there remains the doubt and opposition of the teachers themselves.

Education, says Alexis Dimaras, Headmaster of Maraitis High School in Athens, remains isolated from society as well as the family. Pundits ask the same

question in the West that they do in the developing world: what are children being trained for? British Prime Minister James Callaghan, launching a "great debate" on education calls for more engineers, scientists, technicians - to see Britain into the technological age. It may seem more relevant to society's needs, but traditionalists wonder if it makes for the best kind of education - indeed whether education is not ideally best separated from society. Others worry about governments using education to manipulate, perhaps towards an ideology.

David Glass, professor at the London School of Economics fears that education in Britain may not have served one prime purpose - levelling class differences. Twenty-four percent of all students in Britain's universities are from working-class backgrounds, he says - higher than in neighbouring countries. But the proportion may remain stagnant, because so many are being sucked into polytechnics (which risks being second class education, even if it does turn out more technicians than Latin scholars).

Can the system cope with handicapped and gifted children? The question is posed at a time when education is having to struggle hard for its share of resources. (Many countries are pulling in the reins after the education boom of the 1960s: public spending cuts in Britain have affected education, so could property tax cuts voted in California: says Barbara Tizard, more goes into researching glue than education in Britain ...).

James Gallagher runs courses for social gifted children at the University of North Carolina ... teaches them to use their imagination. "What would you have said if you'd had to report the American War of Independence - from both sides?" He also teaches handicapped children, in an effort to show them - and other children - that their disabilities can usually be accommodated without them being put inside institutions. But it takes time, money and concern at a time when priorities are being severely re-examined.

And where do such priorities begin? Not, sadly in the home, but in the struggle for funds, where the argument for a new cruiser, missile or defence system is likely to receive a more sympathetic hearing than the needs of children? Why? Some say merely "children don't vote". Certainly, in a democratic system, lobbying and money and political pressure around election time count for a lot - and children offer none.

Yet, says Joan Lester, chairman of the British Labour Party, politicians are usually well aware of the needs. But we need to know more about the political pressures before explaining the problems of children by saying simply that "children don't vote."

7. Children's rights: what are rights? / child abuse / state and family

Do children have rights? Does anyone have rights - and if so what?

The concept is a legal one - and controversial. In the West rights are defined in terms of individual freedoms. In socialistic countries and the developing world, rights are more often collective and economic.

Equally, rights imply obligations - in this case on the part of parents, state - and children themselves. What are the parents' obligations? Is it a contract that they enter when a child is conceived? Perhaps the first obligation is to recall that what you do to your child in the first years is bound to affect him or her in adolescence and beyond.

If the child has a right - and the UN lists several (education, love etc.) - should he not also have recourse to arbitration if he is not satisfied? And who tells him what he's really entitled to before it is too late.

Why do children have rights any more than old people? Women? Minorities? Small people? People with blue eyes? Are we not talking about common sense (since denying children their "rights" can rebound badly in later years) rather than the legal concept of rights?

There are certain things that should ideally be granted to children. According to Mia Kellmer Pringle of the London-based National Childrens' Bureau - the nearest thing to a children's ombudsman in Britain - they run to seven:

The right to be a wanted child (not conceived casually); the right to have a permanent loving home; given new experience to develop creative powers; receive praise and recognition for effort as well as actual achievement; a sense of responsibility; treated as an individual rather than the parents' personal belonging; the right to be heard. Add to that the rights enshrined in the UN charter.

Perhaps, again, those most entitled to rights are those who are most vulnerable, and most abused. Parents' attitudes towards children are often whimsical, frequently cruel. In Britain, says Kellmer Pringle, two children are killed by their parents each day.

When we talk of "child abuse" we mean more than the irritated clout. Perhaps we mean corporal punishment. It is built into our folklore that chastisement of children is good: "Speak harshly to your little boy and beat him when he sneezes. He only does it to annoy, because he knows it teases." The Old Testament said

"spare the rod and spoil the child". And remember the old woman who lived in a shoe? "She had so many children she didn't know what to do. So she gave them some broth without any bread and beat them all soundly and sent them to bed."

Spanking. The word has a comfortable ring about it. Corporal punishment is still practised as a matter of course. But violence begets violence.

By "abuse" we also mean more than corporal punishment (implying some wrong doing) we mean savagery: and society's indifference. In 1970 the British Royal Society for Prevention of Cruelty to Children received less contributions than the RSPCA (Animals).

Why does child beating occur? Some blame the children. "Children have an uncanny way of knowing the mother's breaking point - it drives her to distraction". But every member of the family knows each other's weak points and exploits them.

Timothy Dailey, Professor of Sociology says chillingly that the family may well be one of the most dangerous places to live. He blames the structure of the nuclear family for child-beating. He also compares the relationship of child to parent with that of trade unionist/employer. The contractual arrangement, he says, is less clearly defined. Then, children are seen of as ignorant, needing to be taught, and so given a low status. They have no union to join or appeal to. Parents are worried by children speaking out - every protest is a rebellion against their authority.

Many say that if a child is himself beaten, he will be more likely to beat his own children when grown up. Equally, the environment of the mother and father are factors: urban stress, tension at work.

Of course, child-beating is not the only abuse. Abuse occurs when rights are violated - we must be careful however, of the cultural differences. Children work in the fields in much of the Third World. ILO estimates that 43 million under the age of 14 were economically active in 1970. Is this child abuse? Just as sending children down the chimneys in industrial Britain most certainly was? Some say yes, others no - that it is part of a delicate social and economic structure, even though the children themselves are not asked for their opinion.

How can we increase childrens' participation? Perhaps by abolishing compulsory education, says Timothy Dailey. Extending education extends the period of childhood, increases his dependency. Why not let children work earlier at things they are clearly good at?

State and courts have a role to play - taking children from families which clearly cannot cope. The appointment of a childrens' ombudsman in Sweden has had beneficial effects. But whose responsibility is the child, and watching over childrens' rights? Studies in the United States suggest that up to 90% of the parents who have abused children can be rehabilitated. Going to court can also increase the pressure on the family, increase the trauma. Once again the authorities need to tread carefully - but not so carefully that children are returned to parents who have beaten them - only to be beaten to death. It has happened.

In the end perhaps, the age at which children are allowed independence, in what doses, and in what way, is up to each parent. Too much too soon can easily turn into neglect. Too much authority too late can be equally damaging. Both are an abuse of rights. If parents are not prepared to have a policy, perhaps they should not have children.

It is a subject where everyone is allowed an opinion - we were all children once.

IAIN GUEST
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